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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Attorney Docket No. 3190-044 UTILITY OGOSHI, Kyaji PATENT APPLICATION First Inventor DIAGNOSTIC METHOD OF SELECTING APPROPRIATE Title TRANSMITTAL CANCER TREATMENTS AND SCREENING METHOD OF MEASURING REAGENTS AND CURATIVE MEDICINES FOR CANCER PATIENTS Express Mail Label No. EV147718928US (Only for new nonprovisional applications under 37 CFR 1.53(b)) Mail Stop Patent Application APPLICATION ELEMENTS ADDRESS TO: Commissioner for Patents P.O. Box 1450 See MPEP chapter 600 concerning utility patent application contents. Alexandria, VA 2231 CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a displicate for fee processing) X 1. 8. Nucleotide and/or Amino Acid Sequence Submission Applicant claims small entity status. 2. (if applicable, all necessary) See 37 CFR 1.27. 91 Computer Readable Form (CRF) [Total Pages Specification X 3. ent set forth below? terred arrange - Descriptive title of the invention Specification Sequence Listing on: Cross Reference to Related Applications CD-ROM or CD-R (2 copies); or Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer program listing appendix
 Background of the Invention
 Brief Summary of the Invention
 Brief Description of the Drawings (if filed) iL Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS - Detailed Description Assignment Papers (cover sheet & document(s)) 9. - Claim(s) - Abstract of the Disclosure 37 CFR 3.73(b) Statement Power of 10. (when there is an assignee) English Translation Document (if applicable) 4. X Drawing(s) (35 U.S.C. 113) 129 11. (Total Sheets Copies of IDS Information Disclosure X 2 12. [Total Sheets 5. Oath or Declaration Statement (IDS)/PTO-1449 Citations **Preliminary Amendment** Newly executed (original or copy) 13. X Return Receipt Postcard (MPEP 503) Copy from a prior application (37 CFR*1.63 (d)) 14. (Should be specifically itemized) (for continuation/divisional with Box 18 completed) Certified Copy of Priority Document(s) **DELETION OF INVENTOR(S)** (if foreign priority is claimed) Signed statement attached deleting inventor(s) Nonpublication Request under 35 U.S.C. 122 named in the prior application, see 37 CFR (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 16. 1.63(d)(2) and 1.33(b). Application Data Sheet. See 37 CFR 1.76 17. Other: Claim for Priority 18 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation-in-part (CIP) of prior application No.: Group Art Unit: Examiner For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS 33432 X | Correspondence address below X | Customer Number or Bar Code Label (Insert Customer No. or Attach has code label. Luke A. Kilyk Name Kilyk & Bowersox, P.L.L.C. 53 A East Lee Street ^ddress 20186 City VA Zip Code Warrenton State 1-540-428-1720 1-540-428-1701 Fax Cour. USA Telephone 33,251 Name_ Registration No. (Attorney/Agent) Luke A Kilvk t/type) October 8, 2003

Burden Hour Stat to complete this fr SEND TO: Comm Date: October the U.S. Postal Office to Address Kim Blum Name (Print)

Signatu

form is estimated to take 0.2 hours to complete. Time with vary depending upon the needs of the individual case. Any comments on the amount of time you are requir sent to the Chief information Officer, U.S. Patent and Trademerk Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. ints, P.O. Box 1450, Alexandria, VA 22131-1450.

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Complete MK Page 2

∞FEE TRANSMITTAL		Application Number			Unassigned	Unassigned				
	•	Filing Date			October 8, 2	October 8, 2003				
for FY 2003		First Named Inventor			OGOSHI, K	OGOSHI, Kyoji				
101 1 1 2003		Examiner Name			Unassigned	Unassigned				
Effective 01/01/2003. Petent fees are subject to annual revision.		Art Ur			Unassigned					
X Applicant Claims small entity status. See 37 CFR 1	.27			tres blo	3190-044					
TOTAL AMOUNT OF PAYMENT (\$) 471.00		Attorney Docket No. 3190-044								
METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)										
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Deposit Account Kilyk & Bowersox, P.L.L.C.	1052	50	2052	23	cover sheet					
Name The Commissioner is authorized to: (check all that apply)	1053	130	1053	130	Non-English specificati	on				
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X Charge any additional fee(s) during the pendency of this application	1804	920*	1804	920*	Requesting publication Examiner action	of SIR prior to				
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FEE CALCULATION	1251	110	2251	55	Extension for reply with	in first month				
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply with		'			
Large Entity Small Entity	1253	950	2253	475	Extension for reply with		<u> </u>			
Fee Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254	740	Extension for reply with					
1001 770 2001 385 Utility filing fee 385.00	1255	2,010	2255	1,005	Extension for reply with	nin titta monun	<u> </u>			
1002 340 2002 170 Design filing fee	1401 1402	330 330	2401	165 165	Notice of Appeal Filing a brief in support	of an access	 .			
1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for oral hearing					
1004 770 2004 385 Reissue filing fee	1451	1.510	1451	1,510	Petition to institute a po	-	ding			
1005 160 2005 80 Provisional filing fee	1452	110	2452	55		sition to revive - unavoidable				
SUBTOTAL (1) (\$)385.00	1453	1,330	2453	665	Petition to revive - unit					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reis	isue)	ļ			
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1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each additional im	rention to be				
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or number previously paid, if greater, For Reissues, see above	*Redu	ced by Ba	sic Filing	Fee Paid	SUBTOT	'AL (3)	(\$)			
SUBMITTED BY Complete (if applicable)										
Registration No.										
Name (Print/Type) Luke A. Kilyk	(A	ktomey/A	pent)	33,2	91	Dete	October 8 2003			

Signature

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Kim Blum

Kim Blum Name (Print)

Signature